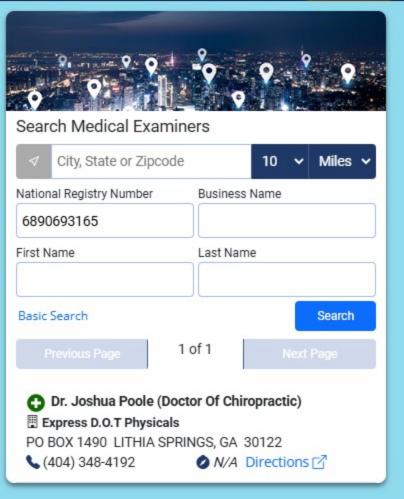
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PAGE Station Street State Stat	
	niner's Certificate per Medial Certificatori
Salty Administra	
Toxysity that I have examined Last Name: 5 A M 4 E 15 First Name:	Ch ESTEL in accordance with (piecose check only one):
I corply that I have examined Last Name:	
Othe Federal Motor Carrier Safety Repositions (4) CFR 391.41.391.433 with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties.	
I find this person is qualified, and, if applicable, only when process or more strong	- Linguista and All States A
☐ Wearing corrective lenses ☐ Accompanied by a	
☐ Wearing hearing aid ☐ Accompanied by a Sull Performance Evaluation (SPE) Cer	Grandfathered from State requirements (State)
The Information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form. Medical Examiner's Certificate Expiration Date The Information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form.	
MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.	
Medical Examiner's Signature 1944 Porter	Medical Examiner's Telephone Number Date Certificate Signed 4/16/24
Medical Examiner's Name (please print or type)	OMD OPhysician Assistant OAdvanced Practice Nurse
Dr. Joshun Puole	ODO Ohiropractor Other Practitioner (specify)
Medical Examiner's State Lirunse, Certificate, or Registration Number	O o o o o o o o o o o o o o o o o o o o
CHIR010126	Georgia National Registry Number 6890693165
	0670673163
Orivers Address 4674 Jimy Thomas of or Snell VIII	Driver's License Number 739 Issuing State-Province
Orivers Address 124 Tune 1 1 11	TY OH
Schelledows H014 SIMMY INJURAS 64 con Snell VI 11	State/Province: GA Zip Code: 30039 QUE ONO

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Practice Business Name

Express D.O.T Physicals

Address

PO BOX 1490 LITHIA SPRINGS, GA 30122

Hours of Operation

Certification Date National Registry Number 6890693165

11/25/2019

Business Phone Distance N/A (404) 348-4192

Business Fax Number

Business Email

lynette@itschirotime.com

Show Removal/Reinstated Dates











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Query Detail

Query Overview

Employer Conducting Query: ZIGI FREIGHT INC (USDOT# 2828543)

Query Result: Driver Not Prohibited

Query Status: Completed (2/6/2025 14:05:18)

Driver Information

Name: CHESTER SAMUELS

Date of Birth: 7/28/1964

CDL/CLP : US-GA-060360739

Consent Information

Requested: 2/6/2025 13:52:08 **Recorded:** 2/6/2025 14:05:18

Status: Provided

Query History

Created: 2/6/2025 13:52:08 Completed: 2/6/2025 14:05:18

Query Result: Driver Not Prohibited

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■ The Return-to-Duty Process

Open Violations

No Open Violations